Michigan AuthentiCare
(MI AUTHENTICARE)

Adult Foster Care

Provider Manual

Michigan Department
of Community Health

Version Date:

MAY 2005

MI AUTHENTICARE AFC PROVIDER MANUAL

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Section 1 OVERVIEW

MI AuthentiCare is a paperless billing system for Adult Foster Care (AFC) providers. MI AuthentiCare will be used by the following facilities: Adult Foster Care homes, Homes for the Aged, and County Infirmaries. The system replaces the Adult Foster Care/Home for the Aged Invoice/Adjustment form (FIA 2353). Providers no longer need to send paper invoices to the Model Payment System (MPS) at the Michigan Department of Community Health (MDCH) for personal care services or State Disability Assistance (SDA) room and board. Instead, providers call the MI AuthentiCare toll-free phone number or visit the MI AuthentiCare secure website to enter invoice information. Both methods of invoicing are confidential and free. From the information collected during the call or on the web, invoices are created automatically and sent electronically to MDCH for payment.

MI AuthentiCare is used to report information on individuals residing in the facility. Individuals residing in a facility are referred to by many titles such as residents, consumers and clients, but for purposes of this manual and the MI AuthentiCare system, they will be referred to as beneficiaries. Although this process replaces paper invoices, use of MI AuthentiCare does not change other facility requirements. Providers must continue to contact the case worker when the beneficiary temporarily leaves the facility and returns.

Authorized staff and providers can create reports on the MI AuthentiCare website which provide an overview of monthly billing activity. Reports are real time (current) and available any time. Providers using the online reports will only be able to see information about beneficiaries who live in their facility. They will not be able to see information for other beneficiaries. Staff authorized to create reports are only able to see information for beneficiaries served by their agency.

1.1 PROVIDER BENEFITS

The MI AuthentiCare system will:

- Replace the paper billing process with one monthly phone call or visit to the MI AuthentiCare website.

- Allow providers to enter the dates that a beneficiary was temporarily out of the facility.

- Automatically generate invoices and send them electronically to the state (MDCH Model Payments System), making the payment process quicker.

- Provide online, real time reports to assist in record keeping and payment monitoring.

1.2 CREATING INVOICES BY TELEPHONE

The MI AuthentiCare Interactive Voice Response (IVR) system is a toll-free telephone system for providers. To create an invoice by phone, a provider must call 877-342-5660 (the toll-free telephone number), to verify that the beneficiary was in the facility. The automated system guides the caller through the process, prompting him to enter the needed information. At the end of the process, the system plays back the information entered for each beneficiary and allows the caller to verify the information. By verifying the information entered, the provider is confirming that the information is a complete and accurate record of the service provided. MI AuthentiCare uses the information entered by phone to create invoices for services. The provider does not have to sign or mail any paperwork to MDCH after making the phone call. MI AuthentiCare sends the invoices to MDCH electronically. The Statement of Payments is sent to the provider by MDCH in the same manner currently in place.

1.3   CREATING INVOICES THROUGH THE INTERNET

The MI AuthentiCare website can be used by providers who have Internet access. This option is recommended for providers who serve a large number of beneficiaries. To create an invoice using the Internet, providers log on to the MI AuthentiCare website: https://www.miauthenticare.govconnect.com. Each provider who chooses to use the website is given a user name and password to access the site. Once logged on, information needed to create the invoice can be entered. Providers can review information that was entered to verify that it is correct. By verifying the information entered, the provider is confirming that the information is a complete and accurate record of the service provided. No documents need to be signed or mailed to MDCH. MI AuthentiCare sends the invoice to MDCH electronically and the Statement of Payments is sent to the provider as usual. The website also offers reports which allow providers to know when invoice information is submitted to MDCH.

1.4   CHANGES TO CURRENT PROCESS

Providers, Community Mental Health Services Program Boards (CMH) and Department of Human Services (DHS), formerly known as Family Independence Agency (FIA), staff all experience changes with the implementation of MI AuthentiCare. The changes differ for each group. This section provides an overview of the changes for each group. Each change is addressed in more detail in other sections of this manual.

1.4.1   CHANGES FOR PROVIDERS

- Providers no longer complete and mail in the FIA 2353, Adult Foster Care/Home for the Aged Invoice/Adjustment form.

- Providers may choose to enter invoice information online through a secure website or to call a toll-free number to enter the invoice information by phone. Multiple invoices can be created in a single phone call or visit to the website.

- Calls or web entries must be made after the end of the month to report beneficiaries residing in the facility during the previous month. If a beneficiary leaves the facility for any reason during the month, the provider must first contact the case worker or case manger to notify them that the client has left the facility. Then the provider must call or go online to enter the information. If the beneficiary returns to the facility, the provider includes them on the routine monthly report.

- Providers can access standard reports through the MI AuthentiCare website. Providers using the online reporting system can only access information for persons living in their facility. Reports include invoices submitted for payment and invoices waiting to be submitted.

1.4.2   CHANGES FOR COMMUNITY MENTAL HEALTH SERVICE PROGRAM BOARDS (CMH)

- Enrollment of new providers is handled by the MDCH Provider Enrollment Section rather than the MDCH Model Payments Accounting Section.

- Requests for exceptions for rejected invoices are no longer sent to the MDCH Accounting Section. Requests for exceptions are processed by the CMH and then sent to the MDCH Provider Support Division for keying. The exception form can be found on the MDCH website in the Departmental Forms section.

1.4.3 CHANGES FOR DEPARTMENT OF HUMAN SERVICES (DHS)

- MI AuthentiCare creates no major changes for DHS workers. Workers will begin using the FIA 721, Personal Care Services Provider Log, and will enter the information from that form directly into the ASCAP system. Workers will have the added feature of online reporting made available to them through the MI AuthentiCare website.

Section 2   USING THE TELEPHONE TO REPORT BENEFICIARIES RESIDING IN THE FACILITY

Providers who choose to enter invoice information by telephone call the toll-free MI AuthentiCare telephone number: 1-877-342-5660. This number is available 24-hours a day, 7 days a week. Providers should call this number at the beginning of each month to verify the beneficiaries who were in their facility the previous month. If a beneficiary leaves the facility during the month, providers should call MI AuthentiCare as soon as possible. MI AuthentiCare holds the invoice until after the month ends, but the provider does not need to remember to enter the information later. Providers remain responsible for notifying the caseworker when a beneficiary leaves the facility.

- Refer to Appendix A for detailed instructions for completing calls.

- Refer to Appendix B for Troubleshooting Guide.

2.1   EXAMPLE OF CALL – BENEFICIARIES IN THE FACILITY ALL MONTH

A facility has three beneficiaries who have been in the facility the entire month of March who receive Personal Care Services

1. On or after April 1 the facility calls into the MI AuthentiCare IVR.

2. When prompted by the system, the caller enters the Begin Pay Date as 03-01-2005.

3. When prompted by the system, the caller enters the End Pay Date as 03-31-2005.

4. When prompted by the system, the caller selects Personal Care as the service provided.

5. When prompted by the system, the caller indicates that they are entering information for all of the beneficiaries in the facility.

6. The system reads back an overview of the information entered for each beneficiary and the caller verifies that the information is correct. (If the caller realizes they made an error, they indicate that the information is incorrect and the system will allow them to re-enter the information).

2.2   EXAMPLE OF CALL – BENEFICIARY LEAVES THE FACILITY DURING THE MONTH

The same facility has a beneficiary who is hospitalized on March 15.

1. On or after March 15 the facility calls into the MI AuthentiCare IVR.

2. When prompted by the system, the caller enters the Begin Pay Date as 03-01-2005.

3. When prompted by the system, the caller enters the End Pay Date as 03-14-2005.

4. When prompted by the system, the caller selects Personal Care as the service provided.

5. When prompted by the system, the caller enters the Medicaid ID of the beneficiary who left the facility **OR**

6. The system reads a list of names of beneficiaries who reside in the facility. The caller selects the correct name.

7. The system reads back an overview of the information entered for each beneficiary and the caller verifies that the information is correct.

2.3   EXAMPLE OF CALL - BENEFICIARY RECEIVES PERSONAL CARE AND SDA ROOM AND BOARD

A beneficiary is in the facility the entire month of March and receives both Personal Care and SDA Room and Board

1. On or after April 1 the facility calls into the MI AuthentiCare IVR.

2. When prompted by the system, the caller enters the Begin Pay Date as 03-01-2005.

3. When prompted by the system, the caller enters the End Pay Date as 03-31-2005.

4. When prompted by the system, the caller selects Personal Care as the service provided.

5. When asked by the system if the caller wishes to select another service, the caller selects SDA Room and Board.

6. When prompted by the system, the caller enters the Medicaid ID of the beneficiary **OR**

7. The system reads a list of names of beneficiaries who reside in the facility. The caller selects the correct name.

8. The system reads back an overview of the information entered for each beneficiary and the caller verifies that the information is correct.

Section 3 AUTHORIZATION

As specified in policy, an authorization for Adult Foster Care is required. Using MI AuthentiCare does not change this requirement. Refer to the MDCH and DHS websites (www.michigan.gov/mdch and www.michigan.gov/dhs) for additional information.

3.1 AUTHORIZATIONS ISSUED BY DHS

DHS is responsible for authorizing AFC personal care services for beneficiaries who receive services through DHS. MI AuthentiCare receives daily updates of authorized services from DHS. Authorizations must be present before MI AuthentiCare will send invoices to the MDCH Model Payments System for processing. If an authorization is not present, the invoice will remain in the MI AuthentiCare system until the authorization is received.

3.2 AUTHORIZATIONS ISSUED BY COMMUNITY MENTAL HEALTH SERVICE PROGRAM BOARDS (CMH)

Local CMH Boards are responsible for authorizing AFC personal care services for beneficiaries who receive services through the boards.   MI AuthentiCare receives daily updates of authorized services. Authorizations must be present before MI AuthentiCare will send invoices to the Model Payments System for processing. If an authorization is not present, the record will remain in the MI AuthentiCare system until the authorization is received.

3.3 AUTHORIZATIONS ISSUED BY STATE DISABILITY ASSISTANCE (SDA)

DHS is responsible for authorizing SDA services (room and board) for eligible beneficiaries. MI AuthentiCare receives daily updates of authorized services from DHS. Authorizations must be present before MI AuthentiCare will send invoices to the MDCH Model Payments System for processing. If an authorization is not present, the record will remain in the MI AuthentiCare system until the authorization is received.

3.4 AUTHORIZATION REQUIREMENTS FOR MI AUTHENTICARE

MI AuthentiCare uses the authorization files to verify if a service is authorized for a specific beneficiary. The following situations may occur:

Situation	Action
No current Authorization on File	• The record that the service was provided is stored in MI AuthentiCare and no invoice is generated. • MI AuthentiCare receives an updated authorization file daily. When a PA matching this record is received, an invoice is automatically generated and sent to MDCH for processing.
Service Provided Exceeds Authorization	• If a worker provides services that exceed the number of authorized units on the authorization file, MI AuthentiCare submits an invoice only for the units specified on the authorization. • Excess units are deleted from MI AuthentiCare.

Section 4 STATEMENT OF PAYMENTS

4.1 MODEL PAYMENT SYSTEM

Mi AuthentiCare does not process or make payments for AFC services. All payments for services are generated by MDCH through the Model Payment Systems (MPS). MI AuthentiCare only creates invoices and sends them to MPS for processing. After MPS processes the information, a Statement of Payments and a check are produced and mailed to each provider. Use of MI AuthentiCare does not effect the MPS other than as a way to collect information needed to process invoices.

4.2 STATEMENT OF PAYMENTS

The Statement of Payments (SOP) explains the payment made by a check or electronic fund transfer (EFT). It also lists invoices that have errors and explains why a payment was not paid. The SOP does not change because of MI AuthentiCare; it looks the same as it did before the implementation of MI AuthentiCare. Providers should carefully check their SOP to make sure that it represents the correct payments.

Action and error codes on the SOP remain the same.

MI AuthentiCare submits invoices to MPS weekly based on the information entered by the provider though either the telephone system or the website. If no information is submitted through MI AuthentiCare, a SOP is not generated. Although MI AuthentiCare submits invoices weekly, invoices for the current month will not be sent until the beginning of the next month. However, if information is entered for previous months, the invoice will be sent to MPS for processing in the weekly submission and providers should anticipate payment accordingly.

Section 5   MI AUTHENTICARE WEBSITE

If a provider wishes to use the MI AuthentiCare website to create invoices, he must have a user name and password to access the secure website. Without a user name and password, providers can not log on to the website.

- Refer to Appendix B for Troubleshooting Guide.

5.1   REGISTERING ON THE MI AUTHENTICARE WEBSITE

The MI AuthentiCare website is available at https://www.miauthenticare.govconnect.com

Providers must register on the website the first time they visit. The following information is needed to register:

- The 7-digit Provider ID number
- The 5-digit PIN assigned by MDCH for MI AuthentiCare

The first screen the provider sees is the "Welcome" screen:

Providers must register from the welcome page following the steps listed:

1. Click on "Online Registration Page"

2. The following screen will appear.

1. Click on Provider

2. Enter your Provider ID in the field labeled, "Enter ID:"

3. Enter your PIN number in the field labeled, "Enter PIN:"

4. Press the "Go!" button

5. The following screen will appear

Register for Access
Enter your Email Address and Password, then press "Go!"

Note: If your account is inactive for 6 months from the date you register, your account will be deactivated. You will need to re-register to gain access to the system again.

Enter Email Address:	
	(Will be used as your ID to access this system.)
Create a Password:	
Confirm Password:	
	(Alpha-numeric characters only. Must be a minimum of 6 characters)

Go!

1. Enter an Email address. This Email address will serve as a User Name and does not need to be a valid Email address. For example, a provider with a facility called Special Care AFC may wish to type in the User Name: specialcare@afc.com. Providers may also use valid Email addresses. An Email address entered as a User Name should not exceed 30 characters in length.

2. Enter a password in the field labeled, "Create a Password:". The password may be all numbers or all letters or any combination of letters and numbers. It must contain at least 6 characters.

3. Re-enter the password in the field labeled, "Confirm Password:"

4. Click the "Go!" button.

5. The system will confirm Registration.

Registration is a one-time process that must be completed on the first visit to the website. After registration, providers can log on to the site using the User Name and password created during registration. Providers with more than one facility must register each facility and create a unique User Name for each facility.

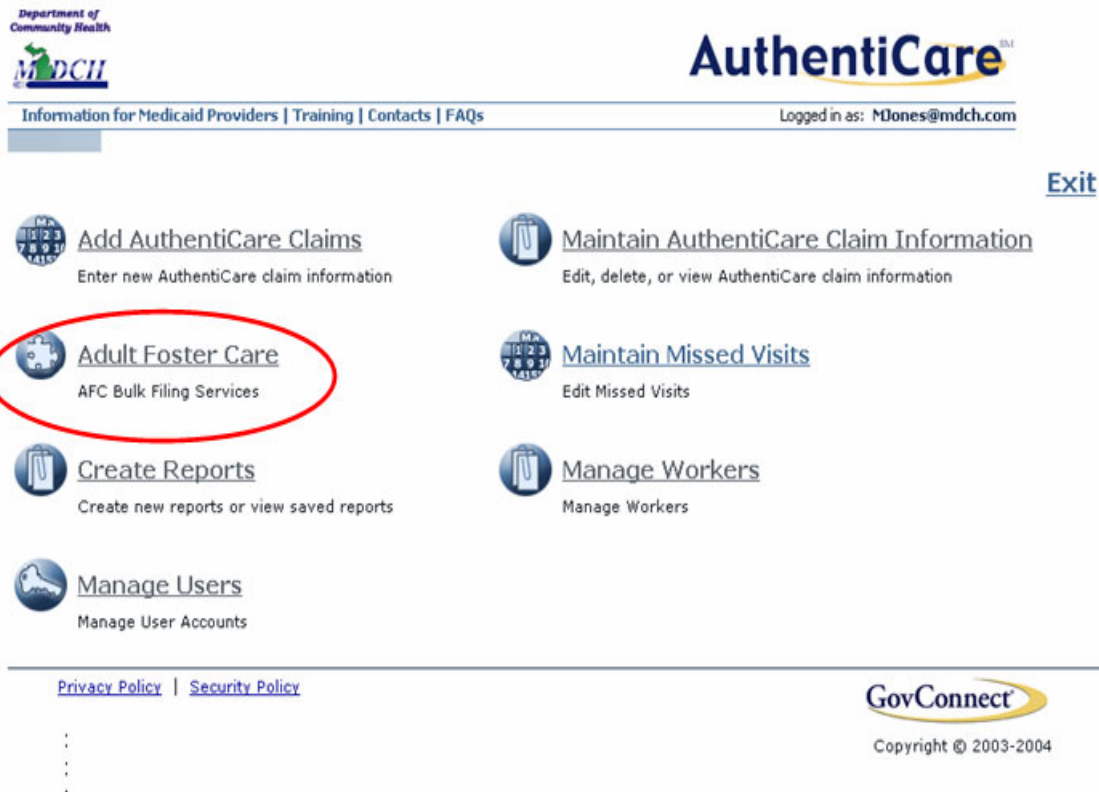### 5.2 LOGGING ON TO THE MI AUTHENTICARE WEBSITE

Providers logon from the Welcome page following the steps listed:

1. Type in the Email address (user name) in the space provided and tab to the next field.

2. Type in the password.

3. Click on the "Log In" button. The provider will be taken to the main menu screen.

5.3 THE MAIN MENU

After logging in, the Main Menu is displayed.

There are four links at the top of this and every other MI AuthentiCare screen:

- **Information for Medicaid Providers** links to the MDCH web site.

- **Training** links to MI AuthentiCare training materials including an electronic version of this manual and other pertinent materials.

- **Contacts** links to information needed to contact individuals at MDCH about MI AuthentiCare issues.

- **FAQs** links to Frequently Asked Questions about MI AuthentiCare.

The Main Menu provides several links which allow providers to perform certain functions. AFC providers will only use the "Foster Care" and "Create Reports" links.

5.4 CREATING INVOICES

Providers can create a single invoice or a group of invoices by clicking on the Adult Foster Care link and following the steps below:

1. Click on "Adult Foster Care"

2. The following screen will appear.

MainMenu Exit

Select Service(s)
Enter information below. Please select "Go!" to continue

Provider: Acme Health Care (9999999)

☐ Select All Services

Service(s)	Default Day(s)	Service(s)	Default Day(s)
☐ PC	N/A	☐ SDA	N/A

Go!   Reset Changes

1. Click in the box next to the services that apply. If the provider receives Personal Care Services payments, select "PC". If the provider receives payment for room and board through SDA, select "SDA". If the provider receives payment for both services, place a check in both of the boxes or check "Select All Services" instead.

2. Click on the "Go!" button.

3. The Options Selection screen will appear.

Michigan
Department of
Community Health

MDCH

AuthentiCare℠

Information for Medicaid Providers | Training | Contacts | FAQs   Logged in as: MJones@mdch.com

Exit

Option Selection
Enter the Pay Begin Date in the ?From? field below. Enter Pay End Date in the ?To? field below. Press "Go!" to perform the option selected.

Provider: Acme Health Care (9999999)

From: [   ] 📅 Calendar (Date of Service)
To: [   ] 📅 Calendar

○ Main Menu
○ List of Services by Beneficiary
○ Enter Claim for Beneficiary
○ Change Service List
○ Change Provider ID

Go!

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FIRST DATA

First Data Government Solutions

This screen allows you to choose to create invoices for a group of beneficiaries or for an individual beneficiary.

5.4.1 CREATING INVOICES FOR A GROUP OF BENEFICIARIES

1. Enter the "From", or first date of payment, or click on the Calendar to select the date.

2. Enter the "To", or last date of payment for the calendar month, or click on the Calendar to select the date. NOTE: Invoices must be created for one month at a time.

3. Select "List of Services by Client"

4. Click on the "Go!" button.

5. The Service List Selection screen will appear.

This screen displays information on all of the beneficiaries in the facility. The column headed, "Remaining Day(s)" displays the number of days remaining in the authorization for the month. The provider may change the Pay Begin Date or Pay End Date for one or more of the beneficiaries if the beneficiaries entered or left the facility during the month.

1. Make any needed changes to dates. In this example, the "To" date for Mickey Mouse is changed to 1/14/2005. When all the information is updated, check the "Validate Unit(s)" box next to each client's information or check the "Select All Units" box to automatically put a check in the "Validate Unit(s)" box next to each beneficiary.

2. Click on the "Save" button at the bottom of the screen to create invoices for all the selected beneficiaries.

3. An updated view of the screen will appear.

1. The screen displays the updated Remaining Day(s) in red. Notice that the "From" and "To" dates have returned to the default date range of 01/01/2005 to 01/31/2005 for Mickey Mouse. The "Remaining Days" column displays the correct number of remaining authorized days in the month.

2. Press the "Done" key to proceed with confirmation. Confirmation allows you to view the final invoices.

3. The system will display the Option Selection screen once again.

Option Selection
Enter the Pay Begin Date in the "From" field below. Enter Pay End Date in the "To" field below. Press "Go!" to perform the option selected.

Provider: Acme Health Care (9999999)

From: 01/01/2005 ☐ Calendar (Date of Service)
To: 01/31/2005 ☐ Calendar

◉ Confirmation
○ List of Services by Beneficiary
○ Enter Claim for Beneficiary
○ Change Service List
○ Change Provider ID

1. Select "Confirmation"

2. Click on the "Go!" button.

3. The Bulk File Confirmation screen will appear

Bulk File Confirmation You have made the following update(s):
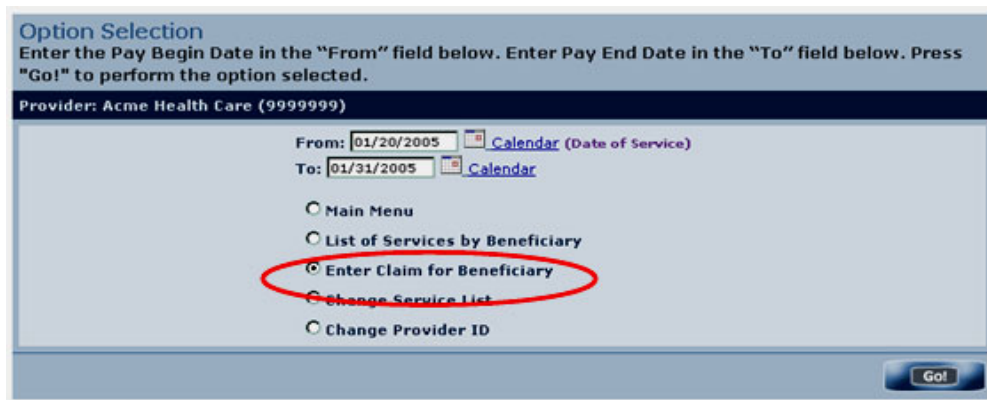
Provider: Acme Health Care (9999999)

Date Range of Service	Beneficiary	Service(s)	Days
01/01/2005 - 01/31/2005	Duck,Daffy (12345678)	PC	31
01/01/2005 - 01/15/2005	Mouse,Mickey (98765432)	PC	14

[Done]   [Add Another]

The Confirmation screen displays all of the invoice information entered in the system for review.

1. The "Date Range of Service" column lists the "To" and "From" Dates. The "Days" column lists the actual number of days included in the invoice. Notice in the example that the correct date range is displayed for Mickey Mouse.

2. Review the information on the screen for accuracy. After reviewing, click on the "Add Another" button to create more invoices or click on the "Done" button to return to the main menu.
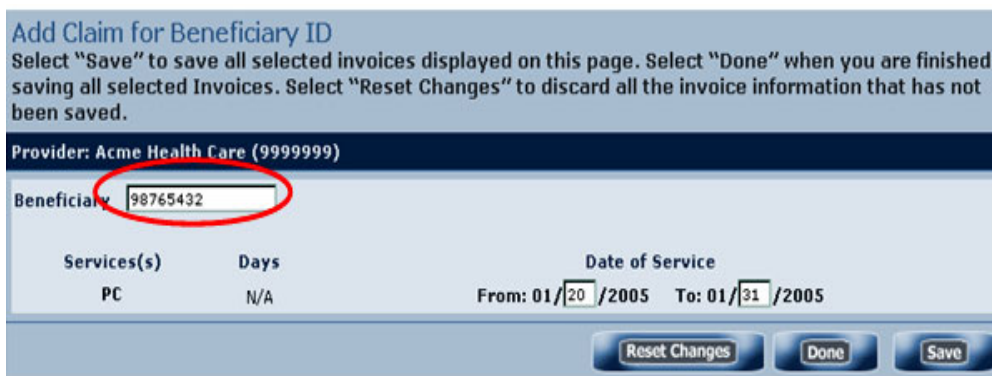
5.4.2 CREATING INVOICES FOR A SINGLE BENEFICIARY

After selecting services on the Select Services screen, press the "Go!" button to proceed to the Option Selection screen.

1. Enter the "From", or first date of payment, or click on the Calendar to select the date.

2. Enter the "To", or last date of payment for the calendar month, or click on the Calendar to select the date.

3. Select "Enter Claim for Beneficiary"

4. Click on the "Go!" button.

5. The Add Claim for Beneficiary ID screen will appear.

1. Enter the 8-digit Beneficiary ID.

2. Click on the "Save" button to create the invoice.

3. The following screen will appear.

The Beneficiary information has successfully been updated to the system.

Add Claim for Beneficiary ID
Select "Save" to save all selected invoices displayed on this page. Select "Done" when you are finished saving all selected Invoices. Select "Reset Changes" to discard all the invoice information that has not been saved.

Provider: Acme Health Care (9999999)

Beneficiary 98765432

Services(s)	Days	Date of Service
PC	N/A	From: 01/20/2005 To: 01/31/2005

[Done] [Add Another]

1. Click on the "Add Another" button to create another invoice. If there are no additional invoices to create, click on the "Done" button to proceed to confirmation as illustrated in the previous steps.

5.5   CREATING REPORTS

Providers can create reports from the MI AuthentiCare website. The reports are real time (current) and contain only information about the beneficiaries served by the provider. Providers choose the date range for the report and select how the information should be filtered.

To create a report, follow these steps:

1. Click on "Create Reports" on the main menu.

2. The system will display the MI AuthentiCare Reports screen.
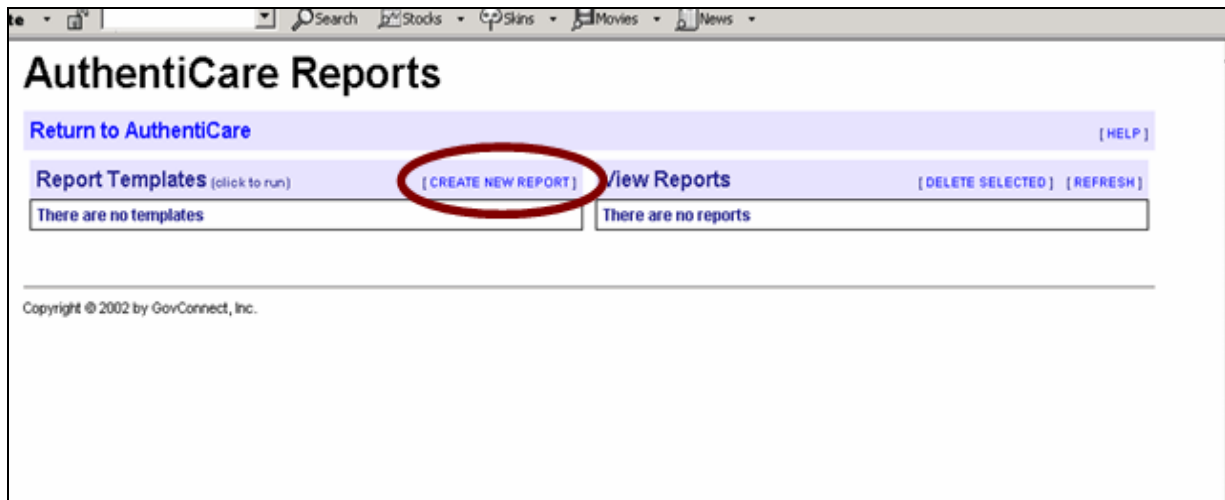
3. Click on "Create New Report"

4. The system will display a list of all available reports.
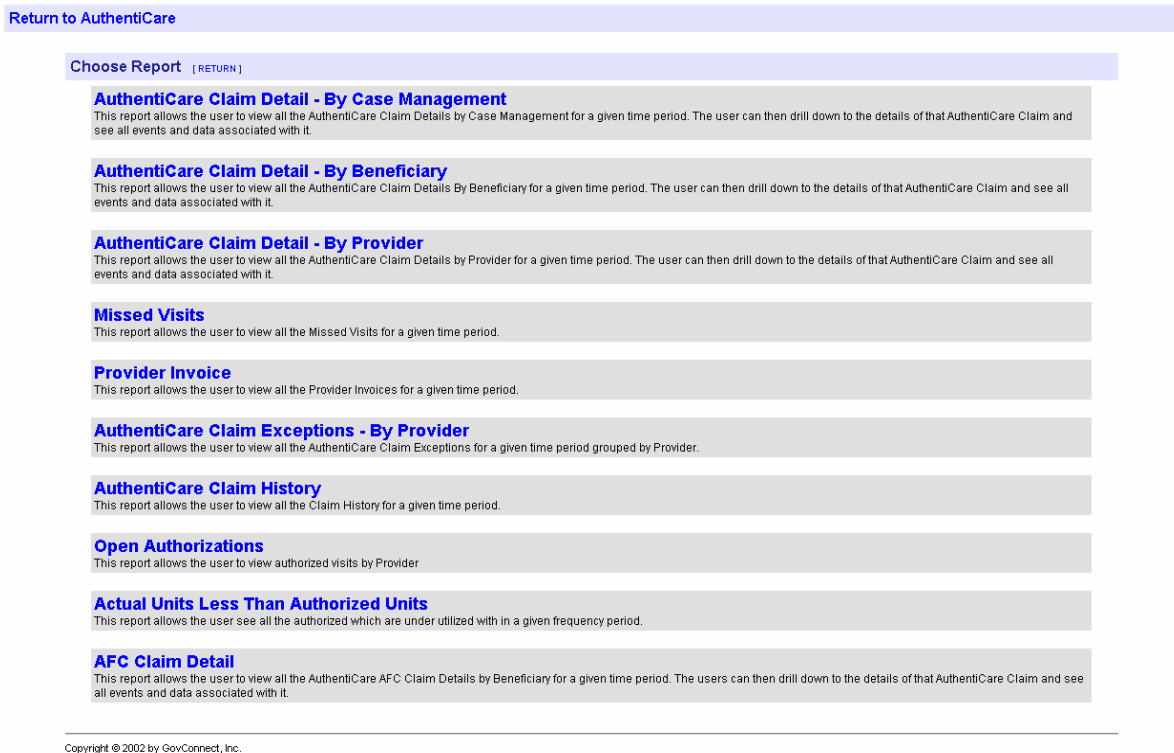
5. Scroll to the bottom of the list.

6. Click on the "AFC Claim Detail" report.

7. The Creating Reports filtering screen will appear.

8. Select a start date for the report by entering a date or by clicking on the calendar to choose a date

9. Select an end date for the report by entering a date or by clicking on the calendar to choose a date OR select a period of time by clicking on the arrow next to the "Period of Time" field.

10. Scroll to the bottom of the page and click on the "Run Report" button.

11. The previously displayed "Run Reports" screen will appear. This time the report just created will be displayed at the top of the right hand side of the screen with a status. Report status includes

a. Queued - this means that the report is in line for processing

b. Processing – this means that the report is being created

c. Completed – this means the report is ready for viewing

12. When the report is at "Completed" status, four icons will appear just below the description of the report. These icons represent the different formats for viewing the report. They are:

a. Microsoft Word

b. Adobe Acrobat (.PDF)

c. Text

d. Excel spreadsheet

13. Choose a format to view the report in and click on the associated icon.

Reports may be printed or saved to a disk.

Claim Detail by Provider

Total AuthentiCare Claims: 4

October 01, 2004 – October 31, 2004

AuthentiCare

Provider: **ACME FOSTER CARE (123456789)**

Service: **Personal Care**

Claim #	Last Date of Service	Beneficiary	Actual Service	Pay Begin Date	Pay End Date	Actual Unit	Auth Unit	Total Billable Unit	Exception Code(s)	Submitted For Payment
4306011136501	10/5/2004	Duck, Daffy (12345678)	Personal Care	10/1/2004	10/4/2004	4	31	4		00/00/0000
4306011136502	10/31/2004	Duck, Daffy (12345678)	Personal Care	10/11/2004	10/31/2004	21	31	21		00/00/0000
					Beneficiary Total:	25	31	25	0	
4306011136401	10/31/2004	Mouse, Mickey (98765432)	Personal Care	10/1/2004	10/31/2004	31	31	31		00/00/0000
					Beneficiary Total:	31	31	31	0	
					Provider Total:	56	62	56	0	

Service: **Room & Board (SDA)**

Claim #	Last Date of Service	Beneficiary	Actual Service	Pay Begin Date	Pay End Date	Actual Unit	Auth Unit	Total Billable Unit	Exception Code(s)	Submitted For Payment
4306011136402	10/31/2004	Mouse, Mickey (98765432)	Room & Brd	10/1/2004	10/31/2004				2	00/00/0000
					Beneficiary Total:	0	0	0	1	
					Provider Total:	0	0	0	1	

EXCEPTION CODE DEFINITIONS

CODE	DEFINITION
02	Unauthorized AuthentiCare Claim
04	Provider is not authorized to perform service
09	Units Exceed Authorized Units

Appendix A: Calling MI AuthentiCare

WHEN ALL BENEFICIARIES WERE IN THE FACILITY FOR THE ENTIRE MONTH FOR PERSONAL CARE:

1. Dial the MI AuthentiCare toll-free number **1-877-342-5660.**
2. **Press 1** to select English when prompted. (English is the only option at this time.)
3. You will be asked if you want to check in, check out, or hear a list of provider options. **Press 3** for "Provider Options."
4. You will be asked to enter your Provider ID. **Enter your 7-digit provider ID.**
5. You will be asked to enter your PIN. **Enter your 5-digit PIN.**
6. **Press 1** to file adult foster care claims when prompted.
7. You will be asked to **enter the pay begin date**. The date must be 2-digit month, 2-digit day and 4-digit year (MMDDYYYY).
8. You will be asked to **enter the pay end date**. The date must be 2-digit month, 2-digit day and 4-digit year (MMDDYYYY).
9. You will be asked to select a service. **Press 1** for "Personal Care Service."
10. You will be asked if you would like to select another service. **Press 2** for "no."
11. The system will begin to read back the names of the beneficiaries authorized to receive care in your facility. The message will say: "If the beneficiary is (name) and you provided personal care, press 1. To hear another name on the list, press 2. To enter a beneficiary ID, press 9. **Press 1** for each beneficiary the system reads back to you.
12. The system will advise you that your invoices have been saved. To hear a brief summary of the number of invoices created, press 1. To review the invoices in detail, press 2.
13. You will be asked to press 1 to return to the main menu or press 2 to end the call. **Press 2.**

WHEN BENEFICIARIES WERE IN THE FACILITY FOR DIFFERENT TIME PERIODS DURING THE MONTH FOR PERSONAL CARE:

You can enter claims for different time periods in the same phone call to MI AuthentiCare by following these steps.

1. Have the beneficiary name, beneficiary ID, and date range of service for each beneficiary ready when you call.
2. Enter the date range (it does not matter which date range you choose first), select the service, and select the client from the list read back to you (or choose to enter their beneficiary ID).
3. After the system reads back to you the overview of the claims you entered, **press 1** to return to the main menu.
4. Follow the directions in steps 2 and 3 until you have entered all the claims for the date ranges and services you provided. When you are done, **press 2** to end the call.

FOR QUESTIONS/PROBLEMS, CONTACT MEDICAID PROVIDER INQUIRY AT 1-800-292-2550.

WHEN A BENEFICIARY IS NOT INCLUDED IN THE LIST OF NAMES FOR PERSONAL CARE:

If a beneficiary's name is not read back in step 11, continue to follow steps 12 through 23 below.

1. Dial the MI AuthentiCare toll-free number **1-877-342-5660.**

2. **Press 1** to select English (English is the only option at this time).

3. You will be asked if you want to check in, check out, or hear a list of provider options. **Press 3** for "Provider Options."

4. You will be asked to enter your Provider ID. **Enter your 7-digit provider ID.**

5. You will be asked to enter your PIN. **Enter your 5-digit PIN.**

6. **Press 1** to file adult foster care claims when prompted.

7. You will be asked to **enter the pay begin date**. The date must be 2-digit month, 2-digit day and 4-digit year (MMDDYYYY).

8. You will be asked to **enter the pay end date**. The date must be 2-digit month, 2-digit day and 4-digit year (MMDDYYYY).

9. You will be asked to select a service. **Press 1** for "Personal Care Service."

10. You will be asked if you would like to select another service. **Press 2** for "no."

11. The system will begin to read back the names of the beneficiaries authorized to receive care in your facility. The message will say: "If the beneficiary is (name) and you provided personal care, press 1. To hear another name on the list, press 2. To enter a beneficiary ID, press 9. **Press 1** for each beneficiary the system reads back to you. **Make note of any beneficiary names missing from the list.**

12. The system will advise you that your invoices have been saved. To hear a brief summary of the number of invoices created, press 1. To review the invoices in detail, press 2.

13. You will be asked to press 1 to return to the main menu or to press 2 to end the call. **Press 1.**

14. The system will prompt you to press 1 to enter adult foster care claims. **Press 1.**

15. You will be asked to **enter the pay begin date**. The date must be 2-digit month, 2-digit day and 4-digit year (MMDDYYYY).

16. You will be asked to **enter the pay end date**. The date must be 2-digit month, 2-digit day and 4-digit year (MMDDYYYY).

17. You will be asked to select a service. **Press 1** for "Personal Care Service."

18. You will be asked if you would like to select another service. **Press 2** for "no."

19. The system will begin to read back the names of the beneficiaries authorized to receive care in your facility. The message will say: "If the beneficiary is (name) and you provided personal care, press 1. To hear another name on the list, press 2. To enter a beneficiary ID, press 9. **Press 9** to enter the beneficiary ID for the person who was not on the list.

20. The system will prompt you to enter the 8-digit beneficiary ID. **Enter the beneficiary ID missing from the list in step 11.**

21. The system will allow you to enter another beneficiary ID by pressing 1 or to continue the call by pressing 2. **Press 1 to enter another ID, or press 2 if only one beneficiary was missing from the list.**

22. The system will advise you that your invoices have been saved. To hear a brief summary of the number of invoices created, press 1. To review the invoices in detail, press 2.

23. You will be asked to press 1 to return to the main menu or press 2 to end the call. **Press 2.**

FOR QUESTIONS/PROBLEMS, CONTACT MEDICAID PROVIDER INQUIRY AT 1-800-292-2550.

WHEN A BENEFICIARY RECEIVING PERSONAL CARE LEAVES THE FACILITY DURING THE MONTH:

1. Dial the MI AuthentiCare toll-free number **1-877-342-5660.**
2. **Press 1** to select English (English is the only option at this time).
3. You will be asked if you want to check in, check out, or hear a list of provider options. **Press 3** for "Provider Options."
4. You will be asked to enter your Provider ID. **Enter your 7-digit provider ID.**
5. You will be asked to enter your PIN. **Enter your 5-digit PIN.**
6. **Press 1** to file adult foster care claims when prompted.
7. You will be asked to **enter the pay begin date.** The date must be 2-digit month, 2-digit day and 4-digit year (MMDDYYYY).
8. You will be asked **to enter the pay end date.** The date must be 2-digit month, 2-digit day and 4-digit year (MMDDYYYY).
9. You will be asked to select a service. **Choose the service you wish to create the claim for**: Personal Care or SDA.
10. You will be asked if you would like to select another service**. Press 2 for "no" or choose an additional service** if you are reimbursed for both Personal Care and SDA room and board.
11. The system will begin to read back the names of the beneficiaries authorized to receive care in your facility. The message will say: "If the beneficiary is (name) and you provided (service), press 1. To hear another name on the list, press 2. To enter a beneficiary ID, press 9. **Press 9** to enter the beneficiary ID for the person who left your facility during the month.
12. The system will prompt you to enter the 8-digit beneficiary ID. **Enter the beneficiary ID.**
13. The system will allow you to enter another beneficiary ID by pressing 1 or to continue the call by pressing 2. **Press 2.**
14. The system will advise you that your invoices have been saved. To hear a brief summary of the number of invoices created, press 1. To review the invoices in detail, press 2.
15. You will be asked to press 1 to return to the main menu or press 2 to end the call. **Press 2.**

WHEN A BENEFICIARY RECEIVES PERSONAL CARE AND SDA ROOM AND BOARD:

1. Dial the MI AuthentiCare toll-free number **1-877-342-5660.**
2. **Press 1** to select English (English is the only option at this time).
3. You will be asked if you want to check in, check out, or hear a list of provider options. **Press 3** for "Provider Options."
4. You will be asked to enter your Provider ID. **Enter your 7-digit provider ID.**
5. You will be asked to enter your PIN. **Enter your 5-digit PIN.**
6. **Press 1** to file claims when prompted.
7. You will be asked to **enter the pay begin date.** The date must be 2-digit month, 2-digit day and 4-digit year (MMDDYYYY).
8. You will be asked to **enter the pay end date.** The date must be 2-digit month, 2-digit day and 4-digit year (MMDDYYYY).
9. You will be asked to select a service. **Press 1** for "Personal Care Service."

FOR QUESTIONS/PROBLEMS, CONTACT MEDICAID PROVIDER INQUIRY AT 1-800-292-2550.

10. You will be asked if you would like to select another service. **Press 1** for "yes."

11. You will be asked to select a service. **Press 1** for "SDA."

12. The system will begin to read back the names of the beneficiaries authorized to receive care in your facility. The message will say: "If the beneficiary is (name) and you provided (SDA or Personal Care), press 1. To hear another name on the list, press 2. To enter a beneficiary ID, press 9. **Press 9** to enter the beneficiary ID for the person who receives both SDA and Personal Care services.

13. The system will prompt you to enter the 8-digit beneficiary ID. **Enter the beneficiary ID.**

14. The system will allow you to enter another beneficiary ID by pressing 1 or to continue the call by pressing 2. **Press 2.**

15. The system will advise you that your invoices have been saved. To hear a brief summary of the number of invoices created, press 1. To review the invoices in detail, press 2.

16. You will be asked to press 1 to return to the main menu or press 2 to end the call. **Press 2.**

WHEN A BENEFICIARY IS ON SPENDDOWN:

1. **Determine the date the beneficiary became eligible for Medicaid** by calling MediFax. *You must know the date of eligibility to file a claim using MI AuthentiCare.* If you create a claim for the entire month, the claim will be rejected by Model Payments System (MPS) and you will not receive payment.

2. Dial the MI AuthentiCare toll-free number **1-877-342-5660.**

3. Press 1 to select English (English is the only option at this time).

4. You will be asked if you want to check in, check out, or hear a list of provider options. **Press 3** for "Provider Options."

5. You will be asked to enter your Provider ID. **Enter your 7-digit provider ID.**

6. You will be asked to enter your PIN. **Enter your 5-digit PIN.**

7. **Press 1** to file claims when prompted.

8. You will be asked to **enter the pay begin date.** Enter the date the beneficiary became Medicaid eligible. The date must be 2-digit month, 2-digit day and 4-digit year (MMDDYYYY).

9. You will be asked to **enter the pay end date.** The date must be 2-digit month, 2-digit day and 4-digit year (MMDDYYYY).

10. You will be asked to select a service. **Press 1** for "Personal Care Service."

11. You will be asked if you would like to select another service. **Press 1** for "yes."

12. You will be asked to select a service. **Press 1** for "SDA."

13. The system will begin to read back the names of the beneficiaries authorized to receive care in your facility. The message will say: "If the beneficiary is (name) and you provided Personal Care, press 1. To hear another name on the list, press 2. To enter a beneficiary ID, press 9. **Press 9** to enter the beneficiary ID for the person who receives both SDA and Personal Care services.

14. The system will prompt you to enter the 8-digit beneficiary ID. **Enter the beneficiary ID.**

15. The system will allow you to enter another beneficiary ID by pressing 1 or to continue the call by pressing 2. **Press 2.**

16. The system will advise you that your invoices have been saved. To hear a brief summary of the number of invoices created, press 1. To review the invoices in detail, press 2.

17. You will be asked to press 1 to return to the main menu or to press 2 to end the call. **Press 2.**

FOR QUESTIONS/PROBLEMS, CONTACT MEDICAID PROVIDER INQUIRY AT 1-800-292-2550.

APPENDIX B: MI AUTHENTICARE AFC TROUBLESHOOTING GUIDE

General Information

The MI AuthentiCare System, the Interactive Voice Response System (IVRS) and Internet-based tools are also used by other types of providers. There are options and features that may not apply for AFC billing. If the MI AuthentiCare System prohibits you from completing an action, look closely at your MI AuthentiCare Manual and other material provided to you through the mail and available on the MDCH website to make sure you are following the directions specific to AFC billing.

http://www.michigan.gov/mdch >> Providers >> Information for Medicaid Providers >> MI AuthentiCare is the path through the MDCH website to all of the material offered at the MI AuthentiCare training sessions: the MI AuthentiCare Manual, Frequently Asked Questions (FAQs), Fact Sheet, and the Calling MI AuthentiCare instructions. The Department of Community Health does not provide paper copies of these materials. The FAQs, Fact Sheet, and calling instructions are updated regularly. If you are having trouble getting this information from the website, contact your local CMH or DHS liaison.

https://www.miauthenticare.govconnect.com is the web address for MI AuthentiCare. When you type this address into the "Address Bar" of an internet browser, make sure that the address begins with "https" instead of the normal default of "http." The "s" at the end of this segment means that it is a "secure" site and only authorized users with IDs and passwords may enter.

NOTES:

- When calling Medicaid Provider Inquiry (1-800-292-2550), always identify yourself as an AFC provider and have all important Medicaid ID numbers ready - the beneficiary ID and, most importantly, your provider ID.

INTERACTIVE VOICE RESPONSE (IVR) SYSTEM   (1-877-342-5660)

For step-by-step instructions on using the IVR system to submit claims, refer to the Calling MI AuthentiCare instructions and the MI AuthentiCare Manual on the MDCH website.

At the beginning of your call, if you enter your Provider ID and the system tells you that you are not an authorized provider or that your ID is invalid:

- **Make sure you selected "3 - Provider Options",** NOT "1 to Check-In" or "2 to Check-Out." Options 1 and 2 are for another group of providers that also use the MI AuthentiCare system. "3 - Provider Options" is for AFC providers.

- **Make sure the Provider ID that you used was 7 digits**. This is the number that would have appeared in Box 6 on the "bubble sheets" (FIA 2353X form).

- **Make sure you have used the personal identification number (PIN) provided to you** in the letter you received from MDCH at the end of March. If you did not receive your PIN in the mail, call Medicaid Provider Inquiry at 1-800-292-2550.

- **If you have never billed with a "bubble sheet" or you do not have a 7-digit Provider ID**, you should contact your CMH or DHS liaison.

- **If you have utilized the preceding options and the problem continues**, contact Medicaid Provider Inquiry at 1-800-292-2550.

After you have entered the system: (Refer to Section 3 of the MI AuthentiCare Manual)

- **If you hear the name of a beneficiary that you do not recognize** as someone to whom you provide services:

  ➢ The IVRS may be reading back the name of someone in your home but it sounds unfamiliar to you. Unfortunately, the data system has one field for first, middle and last name and the last name is read first. MI AuthentiCare cannot divide the names and add pauses, so sometimes the names are difficult to understand. It may be helpful to have a list of your beneficiaries' names and IDs for reference when you call MI AuthentiCare.

  ➢ After taking the above remarks into consideration, if you still do not recognize the beneficiary's name or ID number, call Medicaid Provider Inquiry at 1-800-292-2550.

- **If one or more of your beneficiaries is not listed:**

  ➢ Check the AVRS/MediFax Eligibility Verification System (1-888-696-3510 - when it asks for a "Provider Type", use the number "00") to see if they may have a spenddown and if the spenddown has been met. When the spenddown has been met, you can use this automated eligibility system to determine the first date of eligibility for the month. There will be a delay between the date that the beneficiary meets their spenddown and the date that eligibility is loaded into the system. Once the claim is entered into the MI AuthentiCare system, it will be held in that system until the CMH or FIA/DHS caseworker has loaded the authorization, after which the claim will be automatically sent to Model Payments System (MPS) for reimbursement. If MediFax shows that a beneficiary has eligibility but there is no authorization on file, you should contact the beneficiary's CMH or DHS caseworker.

  ➢ The beneficiary's authorization may need to be entered by their CMH or DHS representative, but if you have had an authorization for this beneficiary in the past, you can manually enter a claim for them by entering the Medicaid number. The system will read the name of a beneficiary and ask you to press "1" if this is the beneficiary that you want to file the claim for, press "8" to hear another beneficiary or press "9" to enter the beneficiary's Medicaid number – **Press "9."** The claim will be held by the MI AuthentiCare system until the new authorization has been entered. Remember that a beneficiary ID is only 8 digits. If you are using a 10-digit number that begins with "00", do not enter the leading zeros. If you have not submitted a claim for this beneficiary before, you will have

to wait until the authorization is on file before the MI AuthentiCare system will recognize the beneficiary.

> If you have more than one Provider ID, make sure that you are using the Provider ID that is authorized to provide services to that beneficiary.

> If you have investigated the preceding options and the problem is not resolved, contact Medicaid Provider Inquiry at 1-800-292-2550.

- After you have entered claims, if you are not sure that the system has accepted your claims:

  > After you have entered and saved claims, the IVRS will offer to read a summary of the claims entered (Press 1) or it will offer to read the details of each claim (Press 2).

  Press 2. Doing so will cause the IVRS to read back a detailed list of the invoices, including the service selected, the dates of service, and the names of beneficiaries.

  > You find that there is a problem with the dates. Remember to write out the dates in 8-digit format (April 16, 2005 is entered 04162005) before you call so that when you are entering dates, you can key them into the telephone exactly as they appear in front of you.

  > If you find that there are mistakes, call Medicaid Provider Inquiry at 1-800-292-2550.

Internet-Based MI AuthentiCare (https://www.miauthenticare.govconnect.com)

For step-by-step instructions on using the website to submit claims and run reports, refer to the MI AuthentiCare Manual on the MDCH website.

If there is not a "SAVE" option at the bottom of the screen when you are submitting a claim:

- You may have already saved the claim(s). You can verify if a claim has been saved by checking for a message in the upper-left area above the screen directions. If you cannot change the information in the data fields, this is also an indication that you have already saved the data. If you have already entered a claim for a beneficiary for a whole month, the authorized days will be zero (0).

- You can verify that a claim has been saved by running a report. Go to the "Main Menu" and then "Reporting." Running a "AuthentiCare Claim Detail - Adult Foster Care" will show you if the claims are saved in the system.

- If you have investigated the preceding options and the problem is not resolved, contact Medicaid Provider Inquiry at 1-800-292-2550.

If the dates that you submitted are different from the dates on your report:

- You may be using the wrong date format. When you type the date into a field, you must use an 8-digit number with slashes between the day, month, and year (April 25, 2005 should be entered as 04/25/2005). If you use the calendar pop-up, you can just click on the days you need and it will enter them into the date field for you.

- If you need to edit a claim, contact Medicaid Provider Inquiry at 1-800-292-2550.

If one or more of your beneficiaries is missing:

- Check the AVRS/MediFax Eligibility Verification System (1-888-696-3510 - when it asks for a "Provider Type", use the number "00") to see if they may have a spenddown and if the spenddown has been met. When the spenddown has been met, you can use this automated eligibility system to determine the first date of eligibility for the month. There will be a delay between the date that the beneficiary meets their spenddown and the date that eligibility is loaded into the system. Once the claim is entered into MI AuthentiCare it will be held in that system until the CMH or DHS caseworker has loaded the authorization, after which the claim will be automatically sent to MPS for reimbursement. If MediFax shows that a beneficiary has eligibility but there is no authorization on file, you should contact the beneficiary's CMH or DHS caseworker.

- The beneficiary's authorization may need to be entered by their CMH or DHS representative. If you have had an authorization for this beneficiary in the past, you can manually enter a claim that will be held by the MI AuthentiCare system until a new authorization has been entered for that beneficiary. Remember that a beneficiary ID is only 8 digits. If you are using a 10-digit number that begins with "00", do not enter the leading zeros. If you have not submitted a claim for this beneficiary before, you will have to wait until the authorization is on file before the MI AuthentiCare system will recognize the beneficiary.

- If you have more than one Provider ID, make sure that you are using the Provider ID that is authorized to provide services to that beneficiary.

- If you have investigated the preceding options and the problem is not resolved, contact Medicaid Provider Inquiry at 1-800-292-2550.

If you cannot enter the website:

- You may need to register your e-mail address and password. Refer to the MI AuthentiCare Manual for instructions.

- Use the IVR phone system until the website is available.

- Note the error message and call Medicaid Provider Inquiry at 1-800-292-2550.